



2017-2018 Application for Enrollment

GRADE 2017-2018

Please circle the Grade for which you wish to apply: 2.9 PreK K1 K2 1 2 3 4 5 6 7 8
*Age child MUST BE by August 31, 2017:

CAMPUS CHOICE

Please indicate your campus choice. Place #1 for first choice and #2 for second choice next to the campuses below:

Columbia Lower Mills Mattapan Neponset

STUDENT INFORMATION

Student Legal Name: Last Name First Name Middle Name

Date of Birth: Place of Birth:

Home Telephone: Student Gender: Male: Female: Ethnicity:

Student Address: Street City State Zip

Present Grade: Present School: Language Spoken at Home:

Religion: Date of Baptism: Church:

Please indicate whom the student lives with: Both Parents Birth Mother Birth Father Other

FAMILY INFORMATION

Mother/Guardian 1:

Legal Name: Relationship to Student:

Address: Street City State Zip

Home Phone: Work Phone: Cell Phone:

Email: Occupation: Mother's Maiden Name:

Father/Guardian 2:

Legal Name: Relationship to Student:

Address: Street City State Zip

Home Phone: Work Phone: Cell Phone:

Email: Occupation:

ADDITIONAL STUDENT INFORMATION

Has your child ever been placed on an Individual Education Plan (IEP) or had a CORE evaluation? Yes _____ No _____

*If yes, please provide a copy with your application.

Has your child ever been diagnosed with any learning disabilities? Yes _____ No _____

*If yes, please explain: _____

Has your child ever been suspended or expelled from school? Yes _____ No _____

*If yes, please explain: _____

Please indicate the name of the church that your family currently attends:

Please indicate the name(s) and grade(s) of any siblings applying to and/or attending Saint John Paul II Catholic Academy:

SIGNATURE

By signing below, I certify that the information above is accurate.

Name of Parent/Guardian (*please print*): _____

Signature of Parent/Guardian _____ Date _____

How did you hear about the Academy? Newspaper Ad Church Bulletin Website Friends/family Billboard

SJP Parent (please provide name) _____

Other (please specify): _____

CAMPUS INFORMATION

Columbia Campus
790 Columbia Rd
Dorchester, MA 02125
617-265-0019 x7101

Lower Mills Campus
2214 Dorchester Ave
Dorchester, MA 02124
617-265-0019 x7177

Mattapan Campus
120 Babson St
Mattapan, MA 02126
617-265-0019 x7202

Neponset Campus
239 Neponset Ave
Dorchester, MA 02122
617-265-0019 x7127

For Office Use Only:

Birth Certificate _____ *Baptismal Certificate* _____ *Immunization Records* _____ *Physical* _____ *Report Card* _____ *IEP* _____

Voucher _____ *Acceptance Letter Sent* _____ *Date Received* _____